

# Work Order ID 108190

\*108190\*

Page 1

October-08-13 11:09:26 AM

Item ID: 646.3811

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Radius Block

Start Date: 10/08/13 Start Qty: 4.00 \*4\*

Cust Item ID:

Required Date: 10/08/13 Req'd Qty: 4.00 \*4\*

Customer:

Reference:

Approvals: Process Plan: MCS Date: 13-10-10

Tooling:

Date:

Run Start \*NR1\*

QC: Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3800	N/C								
110		0.00							
*110*	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine per DWG DWG REV: <u>N/C</u>								
	2- deburr and break all sharp edges								
120		0.00							
*120*	QC2- Inspect parts off machine FAI/FAIB								
QC	Memo	0.00							
Quality Control									

4 0 JFC 2014-02-09

4 0 JFC 2014-02-09

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-between;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> </div>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 108190

October-08-13 11:09:26 AM

\*108190\*

Page 2

Item ID: 646.3811

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Radius Block

Start Date: 10/08/13 Start Qty: 4.00 \*4\*

Cust Item ID:

Required Date: 10/08/13 Req'd Qty: 4.00 \*4\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*  
Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00				4	0		DAS 08 2-89 amgm.l 14/02/10
*130*									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
*140*									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O to ATG : 22939								
	1- Black Anodize as per Dwg 646.3800								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Comformity is required								
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
*150*									
Packaging	Memo	0.00							
Packaging									

CZ 14/102110 Y

14/2/24 (4)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-between;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> <div><input type="checkbox"/></div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Ovalized  <input type="checkbox"/> Over/Under tolerance  <input type="checkbox"/> Part Incorrect  <input type="checkbox"/> Part Lost/Missing  <input type="checkbox"/> Part Moved  <input type="checkbox"/> Positioned Wrong  <input type="checkbox"/> Power Loss/Surge         </div> <div style="width: 30%;"> <input type="checkbox"/> Pressure/Forced  <input type="checkbox"/> Temperature/Cure  <input type="checkbox"/> Weld  <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other         </div> </div>		

**Work Order ID 108190**

October-08-13 11:09:26 AM

**\*108190\***

Page 3

Item ID: 646.3811

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Radius Block

Start Date: 10/08/13 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 10/08/13 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
155	QC5- Inspect part completeness to step on W/O	0.00							
<b>*155*</b>									
QC	Memo	0.00				4			14.02.24
Quality Control									
180	Identify as per dwg & Stock Location: <u>ST 535</u>	0.00							
<b>*180*</b>									
Packaging	Memo	0.00				4x		14-2-24	
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
190	QC21- Final Inspection - Work Order Release	0.00							
<b>*190*</b>									
QC	Memo	0.00						14-02-25	
Quality Control									

DAS  
26  
9-89

14.02.24

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# Picklist Print

October-08-13 11:09:25 AM

Work Order ID: 108190

Parent Item: 646.3811

Parent Item Name: Radius Block

Start Date: 10/08/13

Required Date: 10/08/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.000X00.250		Purchased	No				f	4.9700		0.5894736			
7075-T6 BAR 1.000' X 0.250"													

Location

Loc Qty

Loc Code

MAT

4.97

125585

4.97

127614

1.0833 JFC 2014-02-09

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other







APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03697				SHEET 1 OF 1	
	DWG NO. 646.3800	REV: N/C	PREPARED BY B. PETERS	DATE: 11/14/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: BRACKETS					
	APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFFECT NEXT ORDER		
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL.				ECR: D-12-006	

IS

1 PRIMARY MATERIAL: 7075-T651 ALUMINUM PER AMS-QQ-A-250/12.  
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

**SHEET 1, ZONE A2 IS:**

108190 MCL  
13-10-10

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

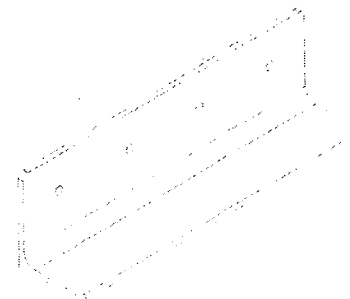
108190

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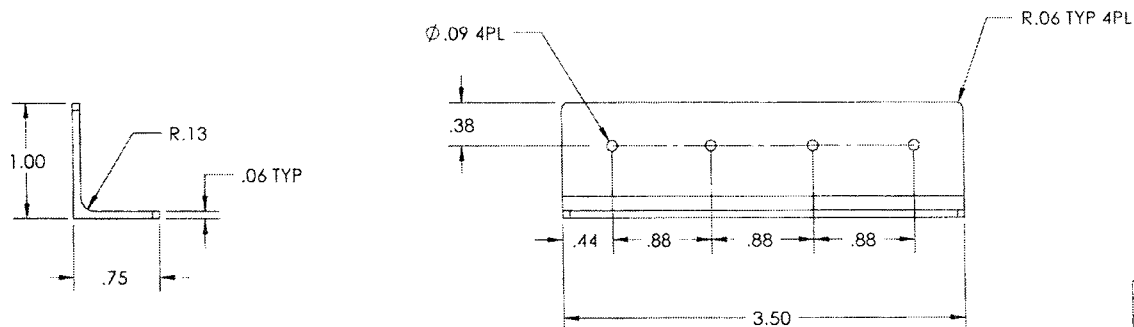
REV	DESCRIPTION	DATE	APPROVED

NOTES:

1. MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



646.3810



UNINCORPORATED (L.L.C.)

03/04/7

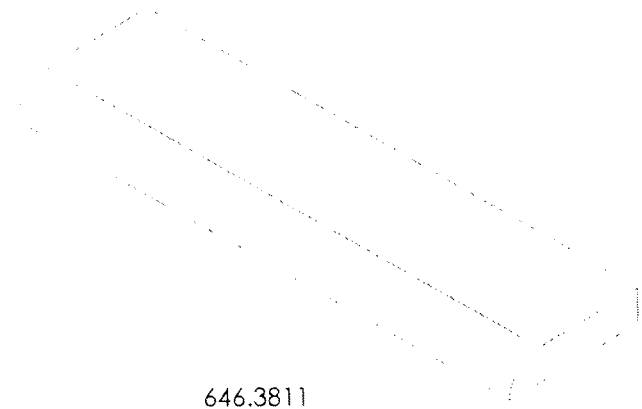
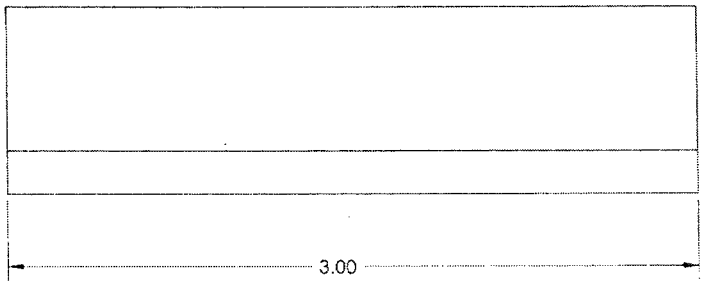
		646.3814	WIPER BRACKET	▲	▲
		646.3813	STRUT BRACKET	▲	▲
		646.3812	GUSSET BRACKET	▲	▲
		646.3811	RADIUS BLOCK	▲	▲
		646.3810	BRACKET	▲	▲
	QTY FIND #	PART #	DESCRIPTION	MATL	SPEC.
PARTS LIST					
<div> <div>QTY</div> <div>NEXT ASSY (S)</div> <div>646.4000</div> </div> <div> <div>SPONSOR DATE</div> <div>ISSUED DATE</div> <div>BY WHOM</div> <div>FOR</div> <div>CONTRACT NO.</div> <div>DATE</div> <div>PROJECT</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> <div>BY WHOM</div> <div>DATE</div> <div>REVISION</div> <div>DATE</div> 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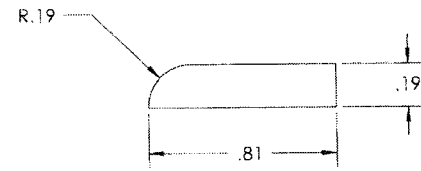
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF  
APICAL INDUSTRIES ANY REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED

REV	DESCRIPTION	DATE	APPROVED

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646.3811

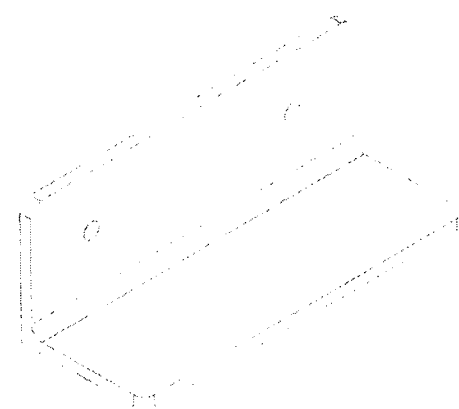
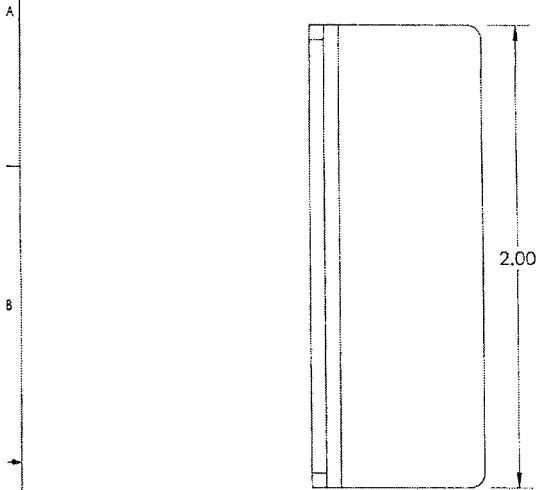


NEXT ASSY (S)	DESIGNED BY	05/19/00	<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300
	DRAWN BY	CHIEF	
	CHECKED BY		
	APPROVED BY		
	CONTROL NO.		<b>BRACKETS</b> 646.3800 SCALE: NONE
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS FRACTIONS DECIMALS FRACTIONS DECIMALS FRACTIONS DECIMALS	SIZE: 07/17/00 DWG. NO.: 646.3800 SCALE: NONE	
		SHEET: 2 OF 5	

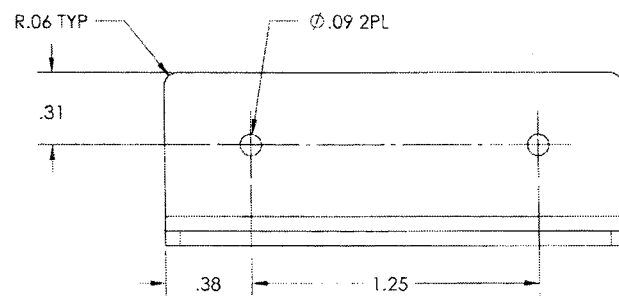
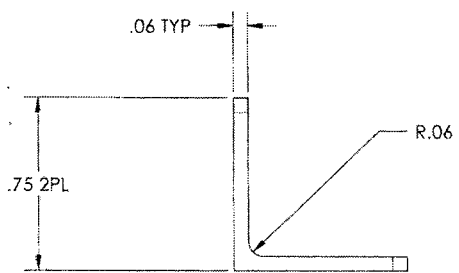
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REVISION			
REV	DESCRIPTION	DATE	APPROVED



646.3812



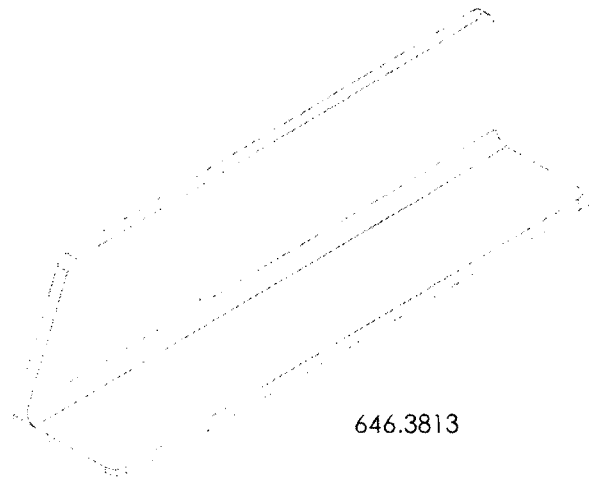
NEXT ASSY (S)	ORIGINAL DATE	OR 10-00	APICAL INDUSTRIES	
	MOD DATE			
	DRAWN BY	CHECKED	2608 TEMPLE HEIGHTS DR.	
	DESIGNED BY	APPROVED	OCEANSIDE, CA. 92056-3512 (760)724-5300	
	CONTRACT NO.		BRACKETS	
	UNLESS OTHERWISE SPECIFIED		REV	SCALE CODE
	DIMENSIONS ARE IN INCHES		5	646.3800
	TOLERANCES ARE		DATE	NYC
	FRACTIONS TO 1/32		SCALE	NONE
	DECIMALS TO 3		SHEET 3 OF 3	

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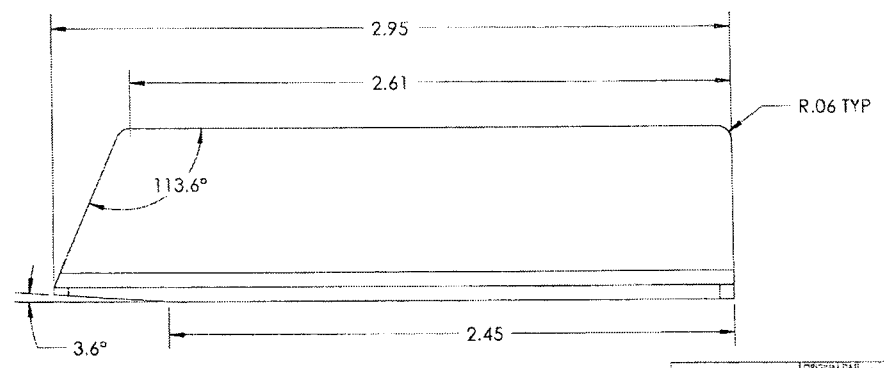
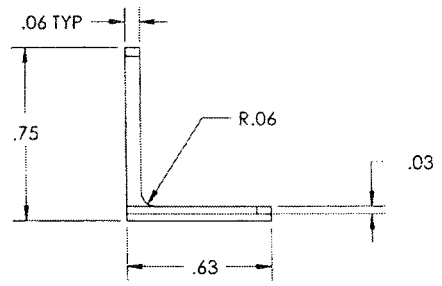
ALL INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
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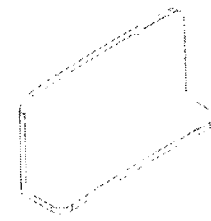
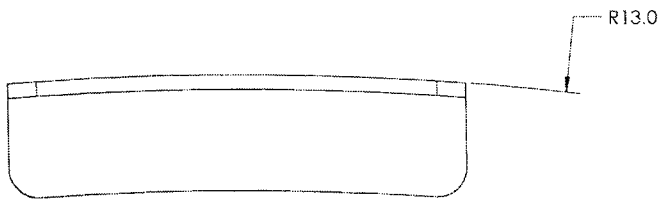
NEXT ASSY IS		ORIGINAL DATE	06-17-08
		UNSCHEMATIC	CHECKED
		TECHNICAL	
		DATE OF APPROVAL	
		CUSTOMER'S AS	
		UNLESS OTHERWISE SPECIFIED	
		DIMENSIONS ARE IN INCHES	
		TECHNICALS ARE	
		2 PLACE DECIMALS ± .005	
		2 PLACE DECIMALS ± .005	
		ANGLES ± .5°	
		SCALE	NONE
		SHEET	4 OF 5

APICAL INDUSTRIES			
2600 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA. 92056-3512 (760) 724-5300			
BRACKETS			
SHEET	CLACK CISION	DRWG. NO.	REV
B	07M26	646.3800	IN/C
SCALE		SHEET	
NONE		4 OF 5	

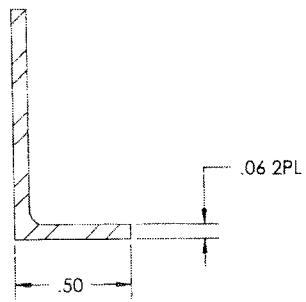
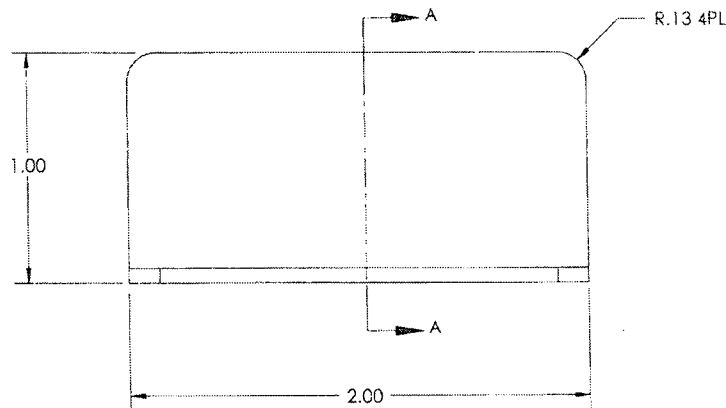
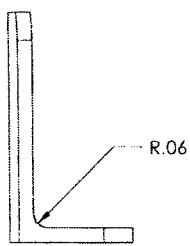
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REV.	DESCRIPTION	DATE	APPROVED



646.3814



SECTION A-A

NEXT ASSY (S):	ORIGINAL DATE	05-19-08
	DRAWN BY	SCHOTTE
	CHECKED BY	
	DATE OF APPROVAL	
	CONTRACT NO.	
	UNLESS OTHERWISE SPECIFIED	
	DRAWINGS ARE IN INCHES	
	DECIMALS ARE .001	
	2 PLACE DECIMALS = .005	
	3 PLACE DECIMALS = .002	
	ANGLES 1/2°	
	SCALE	NONE
	SHEET	5 OF 5

**APICAL INDUSTRIES**  
 2808 TEMPLE HEIGHTS DR.  
 OCEANSIDE, CA. 92056-3512 (760)724-5300

**BRACKETS**

646.3800

SCALE NONE SHEET 5 OF 5





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO22939**

Purchase Order Date 2/10/2014

PO Print Date 2/20/2014

Page Number 2 of 3

**Order From :**

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 613-446-4544

**Ship To Contact**

**Ship To Phone**

**Ship Via:** VENDOR'S TRUCK

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

**Line Total:** \$54.00

5	108190	646.3811 RADIUS BLOCK	2/21/2014	4.00	\$6.55	\$26.20
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Yes

2/21/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

**Line Total:** \$26.20

6	105043	647.9317 RH BRACKET	2/21/2014	2.00	\$18.00	\$36.00
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Yes

2/21/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

**Line Total:** \$36.00

7	106133	647.9315 RECEPTACLE BRACKET	2/21/2014	6.00	\$14.35	\$86.10
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Yes

2/21/2014

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

**PO Instructions:** Procurement Quality Clauses

A004 FAA-PMA /TSO

A005 RIGHT OF ENTRY

A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)

A016 PERSONNEL QUALIFICATION

A024 PROCESS CERTIFICATIONS

A025 CERTIFICATE OF CONFORMANCE

A04

**Note:**



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada

Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62893

Date: 20-Feb-14

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To


DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST Rev: 50 PCS 646.3718 (3.95) 4 PCS 647.0210 (10.50) 5 PCS 647.9317 (18.00) 4 PCS 646.3811 (6.55) 6 PCS 647.9315 (14.35)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N  PRICE IS PER PIECE Job: 20140110 PO: 22939 Line:		
<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>20/2/14</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			